

111303

13049 U.S.PTO

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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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## **REISSUE PATENT APPLICATION TRANSMITTAL**

17513 U.S.PTO  
10/712912

111303

Address to:		Attorney Docket No.			
Assistant Commissioner for Patents Box Reissue Washington, DC 20231		First Named Inventor			
		Original Patent Number			
		Original Patent Issue Date (Month/Day/Year)			
		Express Mail Label No.			
		Starheim, 6,315,495 Nov 13, 2001 ER 309707491 US			
<b>APPLICATION FOR REISSUE OF:</b> <i>(Check applicable box)</i>		<input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent			
<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>					
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format <i>(amended, if appropriate)</i></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i></p> <p>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. § 1.175) (PTO/SB/51 or 52)</i></p> <p>6. <input type="checkbox"/> Power of Attorney</p> <p>7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i></p> <p><input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p><input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)</p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all of the following are necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>					
<b>ACCOMPANYING APPLICATION PARTS</b> <p>10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).</p> <p>11. <input type="checkbox"/> Original U.S. Patent for surrender</p> <p><input type="checkbox"/> Ribboned Original Patent Grant</p> <p><input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i></p> <p>13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i></p> <p>15. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>17. Other: ..... ..... .....</p>					
<b>18. CORRESPONDENCE ADDRESS</b>					
<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach Bar code label here)			
or <input checked="" type="checkbox"/> Correspondence address below					
Name	SCOT A. STARHEIM				
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NAME <i>(Print/Type)</i>	SCOT A. STARHEIM		Registration No. (Attorney/Agent)		
Signature			Date		11/11/02

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

## Claims as Filed – Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 21	Total Claims (37 CFR 1.16(j))	(B) 21	**** =	x \$ 0 =		or	x \$ _____ =
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3	* =	x \$ 0 =			x \$ _____ =
			Basic Fee (37 CFR 1.16(h))	\$ 385			\$ _____
			Total Filing Fee	\$ 385		OR	\$ _____

## Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 21	MINUS	**	* =	x \$ 0 =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	****	=	x \$ 0 =			
			Total Additional Fee	\$			OR	\$

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 385 to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

11/12/2003

Date



Signature of Applicant, Attorney or Agent of Record

Scot A. STARHEIM

Typed or printed name

Registration Number, if applicable

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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<b>REISSUE PATENT APPLICATION STATEMENT AS TO LOSS OF ORIGINAL PATENT</b>		Docket Number (Optional)
<p>I hereby state that:</p> <p>I am the applicant for a reissue patent based on the original patent identified below.</p>		
Name of Inventor(s)/Assignee(s) <i>Starheim, Scot</i> Patent Number <i>6315495</i> Title of Invention <i>Portable Environmental Containment Systems</i> Reissue application number (if known)		
<p>The ribboned original patent grant is lost or inaccessible.</p>		
Signature <i>Scot A. Starheim</i>		
Typed or printed name <i>Scot A. Starheim</i>		Date <i>11/12/2003</i>
Title (e.g. inventor(s), officer of assignee) <i>Inventor</i>		

Burden Hour Statement: This form is estimated to take 0.05 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.